COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

(page 1)

As a below	As a below named inventor, I hereby declare that:				
My resider	nce, post office address and citizenship ar	e as stated below next to my name;			
names are listed	below) of the subject matter which is	claimed and for which a patent is	original, first and joint inventor (if plural sought on the invention entitled IMAGE		
SENSING A	PPARATUS AND METHOD,	PROGRAM, AND STOR	AGE MEDIUM		
the specification of International Appli	of which \(\) is attached hereto; or cation No and was amen	ded on (if applical	as United States Application No. or PCT ole).		
I hereby sta by any amendment		he contents of the above-identified sp	pecification, including the claims, as amended		
I acknowle	dge the duty to disclose information which	ch is material to patentability as defin	ned in 37 CFR §1.56.		
certificate, or §365 and have also ident	(a) of any PCT international application	which designates at least one coun	foreign application(s) for patent or inventor's try other than the United States, listed below `international application having a filing date		
Country	Application No.	Filed (Day / Mo. / Yr.)	(Yes / No) Priority Claimed		
Japan	195787/2002(Pat.)	· · · · · · · · · · · · · · · · · · ·	Yes		
transact all busines			Status (Patented, Pending, Abandoned) led below to prosecute this application and to l correspondence be addressed to the address		
		FINNEGAN, L.L.P. Jumber: 27123	·		
belief are believed made are punishab	to be true; and further that these statem	ents were made with the knowledge er Section 1001 of Title 18 of the U	that all statements made on information and that willful false statements and the like so inited States Code and that such willful false		
Full Name of Sol	e or First Inventor Kenji Ta	kahashi			
	ine 25, 2002	Citizen/Subject of	Tanan		
Date	niba, Japan	Citizen/Subject of _	Japan		
Post Office Addre		KYICHY			
3-3	0-2, Shimomaruko, Oh	ta-ku, Tokyo, Japa	an		



I. CALCULATION OF APPLICATION FEE					
	Number Filed	Number Extra	Rate	Basic Fee \$750.00/375.00	
Total Claims	18- 20 =	0	\$18.00/ \$9.00	0	
Independent Claims	3 – 3 =	0	\$84.00/ \$42.00	0 •	
☐ Multiple Depender	nt Claims	If marked, add fee of \$280.00 (\$140.00)		\$ 0	
			TOTAL:	\$750.00	

	Small entity status is or has been claimed. Reduced fees under 37 C.F.R. §1.9 (f) paid herewith \$
\boxtimes	A check in the amount of \$750.00 in payment of the application filing fees is attached.
	Charge fee to Deposit Account No. <u>13-4500</u> , Order No A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
X	The Commissioner is hereby authorized to charge any additional fees which may be required for filing this application pursuant to 37 CFR §1.16, including all extension of time fees pursuant to 37 C.F.R. § 1.17 for maintaining copendency with the parent application, or credit any overpayment to Deposit Account No. 13-4500, Order No. 1232-5078. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

Respectfully submitted, MORGAN & FINNEGAN, L.L.P.

Dated: July / , 2003

By:

Joseph A. Čalvaruso Registration No. 28,287

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